SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 AUG 27 PM 12:03

DOCUMENT # **P95000085061 (6)**

1. Corporation Name
HC BAY CORP.

Principal Place of Business
9001 TUDOR DRIVE STE. H-110
TAMPA FL 33615

Mailing Address
9001 TUDOR DRIVE STE. H-110
TAMPA FL 33615

3. Date Incorporated or Qualified: **11/03/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 6639 S. Manhattan Ave
Suite, Apt #, etc
22
City & State
23 Tampa Fl
Zip
24 33616
Country
25 F

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
SICIGNANO, CHRIS
9001 TUDOR DRIVE STE. H-110
TAMPA FL 33615

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature: Type or print name of person making change and the capacity in which he is signing. (NOTE: Registered Agent's signature required whenever a change) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PSD	[ ] DELETE
NAME	SICIGNANO, CHRIS	
STREET ADDRESS	9001 TUDOR DRIVE STE. H-110	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VTD	[ ] DELETE
NAME	MUBAIDIN, HISHAM	
STREET ADDRESS	9001 TUDOR DRIVE STE. H-110	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	000001940640	[ ] Change [ ] Addition
2.2 NAME	-09/06/96--01013--013	
2.3 STREET ADDRESS	****225.00 ****225.00	
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

914

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8-20-96 — Daytime Phone: 813-832-3838

CR2E034 (3/96)

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